

**LOCAL DHS OFFICE REVIEW AND RECOMMENDATION
SPECIALIZED FOSTER CARE REQUEST**
Michigan Department of Human Services

CHILD INFORMATION

Name		Case Number	Date of Birth
County of Placement	Agency		Date Received by Local Office Monitor

REQUIRED ATTACHEMENTS INCLUDED IN PACKET

<input type="checkbox"/> Brief Narrative (Description of child's current presenting behaviors which support the scoring on the CANS tool and the service the private agency will be providing to address the presenting behaviors)
<input type="checkbox"/> Age appropriate Child Assessment of Needs and Strengths (CANS) completed no earlier than thirty calendar days prior to the date of the date of the request.
<input type="checkbox"/> Initial Service Plan (ISP) if the child has been in care 30 days or more
<input type="checkbox"/> Most current Updated Service Plan (USP) if the child has been in care 120 days or more
<input type="checkbox"/> Optional: Other documentation that the private provider believes may support their request for Specialized Foster Care Services.

LOCAL DHS MONITOR RECOMMENDATION TO THE RRT

<input type="checkbox"/> Recommend Approval of Request for Specialized Reason Why:		
<input type="checkbox"/> Recommend Denial of Request for Specialized Reason Why:		
Date Recommendation sent to RRT Lead	<input type="checkbox"/> Sent Via U.S. Mail	<input type="checkbox"/> E-mail


Child's Name

Case Number

Rating of “d” in two or more of the eligible domains of the age appropriate Child Assessment of Needs and Strengths:

Does the specialized foster care request packet provide documentation that supports the scoring on the CANS tool AND identifies what services the private agency provider will provide?		
	YES	NO
Children ages 14 years and older		
<input type="checkbox"/> Medical/Physical Health	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Mental Health and Well-being	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Substance Use	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Sexual Behavior	<input type="checkbox"/>	<input type="checkbox"/>
Children 10-13 years		
<input type="checkbox"/> Medical/Physical Health	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Mental Health and Well-being	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Substance Use	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Sexual Behavior	<input type="checkbox"/>	<input type="checkbox"/>
Children 4-9 years		
<input type="checkbox"/> Medical/Physical Health	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Mental Health and Well-being	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Child Development	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Substance Use	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Sexual Behavior	<input type="checkbox"/>	<input type="checkbox"/>
Children 0-3 years		
<input type="checkbox"/> Medical/Physical Health	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Social/Emotional Development and Attachment	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Sexual Behavior	<input type="checkbox"/>	<input type="checkbox"/>

Comments



Child's Name

Case Number

Rating of "e" in one or more of the eligible domains of the age appropriate Child Assessment of Needs and Strengths:

Does the specialized foster care request packet provide documentation that supports the scoring on the CANS tool AND identifies what services the private agency provider will provide?		YES	NO
Children ages 14 years and older			
<input type="checkbox"/> Medical/Physical Health		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Mental Health and Well-being		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Education		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Substance Use		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Sexual Behavior		<input type="checkbox"/>	<input type="checkbox"/>
Children 10-13 years			
<input type="checkbox"/> Medical/Physical Health		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Mental Health and Well-being		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Education		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Substance Use		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Sexual Behavior		<input type="checkbox"/>	<input type="checkbox"/>
Children 4-9 years			
<input type="checkbox"/> Medical/Physical Health		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Mental Health and Well-being		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Education		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Child Development		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Substance Use		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Sexual Behavior		<input type="checkbox"/>	<input type="checkbox"/>
Children 0-3 years			
<input type="checkbox"/> Medical/Physical Health		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Social/Emotional Development and Attachment		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Sexual Behavior		<input type="checkbox"/>	<input type="checkbox"/>

Comments

Signature		Date
Print Name		Date